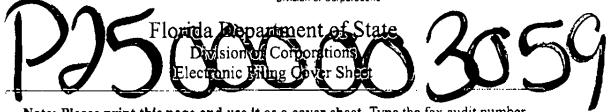
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMITER & SINGER, LLP

Account Number : 120000000085 Phone : (561)626-4742 Fax Number : (561)626-4742

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# COR AMND/RESTATE/CORRECT OR O/D RESIGN 11771 CALLETA II CORP.

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Help

### COVER LETTER

| TO: Amendment Sect. Division of Corpo |   |  |   |  |  |
|---------------------------------------|---|--|---|--|--|
| NAME OF CORPOR                        | RATION: 11771 Calleta II Co   | гр.  |   |  |  |
| DOCUMENT NUME                         | BER:  |  |   |  |  |
| The enclosed Articles                 | of Amendment and fee are sub  | mitted for filing.   |   |  |  |
| Please return all corre               | spondence concerning this mat   | ter to the following:  |   |  |  |
|                                       | Lisa Z. Hauser, Esq.  |  |   |  |  |
|                                       | <del></del>   | Name of Contact Person   |   |  |  |
|                                       | Comiter, Singer, Baseman &  | Braun, LLP   |   |  |  |
|                                       |   | Firm/ Company  |   |  |  |
|                                       | 3825 PGA Blvd., Suite 701   |  |   |  |  |
|                                       |   | Address  |   |  |  |
|                                       | Palm Beach Gardens, FL 334  | 10   |   |  |  |
|                                       |   | City/ State and Zip Code   |   |  |  |
|                                       | corporate@comitersinger.com   | 1  |   |  |  |
|                                       |   | ed for future annual report  | notification)   |  |  |
| For further information               | on concerning this matter, pleas  | se call:   |   |  |  |
| Rebecca A. Byers                      |   | at (   | 626-2101<br>de & Daytime Telephone Number   |  |  |
| Name                                  | of Contact Person   | Area Co  | de & Daytime Telephone Number   |  |  |
| Enclosed is a check for               | or the following amount made  | payable to the Florida Dept  | artment of State:   |  |  |
| S35 Filing Fee                        | □\$43.75 Filing Fee & Certificate of Status   | S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) |  |  |
| An<br>Di<br>P.C                       | nelling Address<br>mendment Section<br>vision of Corporations<br>D. Box 6327<br>Ilahassee, FL 32314 | Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |   |  |  |

#### Articles of Amendment to Articles of Incorporation of

| 11771 Calleta II Corp.   |                     |                        |         |
|--|---------------------|------------------------|---------|
| (Name of Corporation as currently filed with the Florida Dept. of State)   |                     |                        |         |
| P25000003059   |                     |                        | _       |
| (Document Number of Corporation (if known)   |                     |                        |         |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the foits Articles of Incorporation:  | llowing             | amendme                | nt(s) t |
| A. If amending name, enter the new name of the corporation:  |                     |                        |         |
|  |                     | The new                |         |
| name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbituinci," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must "chartered," "professional association," or the abbreviation "P.A." | evlatlor<br>contain | i "Corp.,"<br>the word | ı       |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)  |                     |                        |         |
|  | =1                  | 202                    |         |
| C. Enter new malling address, if applicable;   |                     | 5                      | era yr  |
| (Mailing address MAY BE A POST OFFICE BOX)   |                     | 22                     | , ~~~   |
|  |                     | 11.0                   |         |
| D. If amending the registered agent and/or registered office address in Florida, enter the name of the   |                     | 7: 35                  | · -     |
| new registered agent and/or the new registered office address:   |                     |                        |         |
| Name of New Registered Agent   |                     |                        |         |
| (Florida sireei address)   | ·                   |                        |         |
| Non-Revisional Office Address: Florida   |                     |                        |         |
| New Registered Office Address:, Florida  | (Zip C              | ode)                   |         |
|  |                     |                        |         |
|  |                     |                        |         |
| New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the po  | sition.             |                        |         |
|  |                     |                        |         |
|  |                     | _                      |         |
| Signature of New Registered Agent, if changing   |                     |                        |         |
| Check if applicable  The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.  |                     |                        |         |

Example:

## H250000263843

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S - Secretary; D - Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| X Change                      | <u>PT</u> | John Do     | <u>e</u>           |                              |
|-------------------------------|-----------|-------------|--------------------|------------------------------|
| X Remove                      | <u>v</u>  | Mike Jo     | nes                |                              |
| _X Add                        | <u>SV</u> | Sally Sn    | <u>nith</u>        |                              |
| Type of Action<br>(Check One) | Title     |             | Name               | Address                      |
| l) X Change                   | VP        | _           | Karolina Jagieniak | 11771 Calleta Court          |
| Add                           |           |             |                    | Palm Beach Gardens, FL 33418 |
| Remove                        |           |             |                    |                              |
| 2) Change                     |           | _           |                    |                              |
| Add                           |           |             |                    |                              |
| Remove 3) Change              |           | <del></del> | <u> </u>           |                              |
| Add                           |           |             |                    |                              |
| Remove                        |           |             |                    |                              |
| 4) Change                     |           | _           |                    |                              |
| Add                           |           |             |                    |                              |
| Remove                        |           |             |                    |                              |
| 5) Change                     |           |             |                    |                              |
| Add                           |           |             |                    |                              |
| Remove                        |           |             |                    |                              |
| 6) Change                     |           | _           |                    |                              |
| Add                           |           |             |                    |                              |
| Remove                        |           |             |                    |                              |

| ttac         | h addition        | al sheets. I                                 | (necessar)  | y). (Be s                  | pecific)    | <u>e(s) here</u> : |                         |             |  |   |
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| <u>lf an</u> | <u>r amendime</u> | impleme                                      | nting the   | <u>excuange</u><br>amendme | nt if not c | ontained in        | ancellation<br>the amen | lment itsel | <u>Si</u>                                    |   |
| pro          | (if not api       | dicable in                                   | idicate N/A | 1)                         |             | 1                  |                         |             |  |   |
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## Ha50000a63843

|  | 1   | 1.19.7025   | , if other than the       |
|--|---|---|---------------------------|
| The date of each amendment(s) adoption date this document was signed.                  | 1:\   | 1, , , ,  | , ir other than the       |
| Effective date if applicable:  | (no more than 90 days after   | amendment file dute)                                      | <del> </del>              |
| Note: If the date inserted in this block d document's effective date on the Department | nes not meet the applicable statuto<br>ent of State's records.          | ry filing requirements, this date w                       | vill not be listed as the |
| Adoption of Amendment(s)   | (CHECK ONE)   |   |                           |
| The amendment(s) was/were adopted by action was not required.                          | y the incorporators, or board of dire                                   | ectors without shareholder action at                      | nd shareholder            |
| ☐ The amendment(s) was/were adopted by the shareholders was/were sufficient            | y the shareholders. The number of t for approval.                       | votes cast for the amendment(s)                           |                           |
| The amendment(s) was/were approved must be separately provided for each to             | by the shareholders through voting roting group entitled to vote separa | groups. The following statement tely on the amendment(s): |                           |
| "The number of votes east for the  | amendment(s) was/were sufficient  | t for approval  |                           |
| by   | (voting group)  |   |                           |
| Dated  | president or other officer – if dire                                    | ctors or officers have not been                           | <del></del>               |
| selected, by a   | n incorporator – if in the hands of a<br>uciary by that fiduciary)      | receiver, trustee, or other court                         |                           |
| Josep  | h Nicolla   |   |                           |
|  | (Typed or printed name of pe  | rson signing)   |                           |
| Presi  |   |   |                           |
|  | (Title of person signing)   |   |                           |